

MECAC Quality Committee
September 27, 2007

Attendance: Libby Hancock-Career Development , Lisa Murphy -ECSB,
Sandra Morris-Disability, Shelly Meyer-Public Heath, Karen Knoll-Moran-
ACF guest, Elaine Ross-ACF guest, Chris Hettinger-ECSB, Cindy O'Dell-
Higher ED, Ann Klaas-Career Dev, Doris Running Crane- Blackfeet, Shelly
Fischer-Center Provider,

No QAD representation

Need to add career dev & Public Health to list

Adult Learning Report- by Libby and Sandra

Summary report. Started in 2000 in Learning 1

Comparison with Adult Learning 2 started in 2001

Adult Learning 3 - started in 2003 115 completed from 23 communities

Graph breaks down regions

24 training sessions- 56 participants have completed all 3

328 participants in total of all 3

Kalispell is only region that has not participated - they are presently without
a CC specialist and unable to fill position

Adult Learning developed as a result of not having a trainer approval system.
Evolved into Adult Learning 3. Interest from outside CC community. ECSB
put it in the PMP in 2004 and it is a requirement in Mentoring programs.

Currently working on training basics this will begin with 12-15 hrs of entry
level training. Self study Pilot this fall. A new trainer can immediately tap
into this training at anytime.

E-newsletter comes out quarterly-receive once you complete AL 1&2

Need tribal contacts for distribution of Adult Learning - Lisa will send copy
to every one of tribal childcares

Report does not tell us the need for the future, it was hoped the report would do it. We don't know what the need will be in the future. Contracted to offer one time per yr for each. Adult Learning 1 & 2 to be offered back to back next summer.

Contact ECP for copy of full report.

Grant Report - Lisa and Linda

Merit Pay - report hand out

Hi Ed - work with semester and quarter - getting apps from all ECE programs except for tribal colleges. Not all tribal colleges are able to offer 6 credits in EC each semester - so unable to apply. If working towards EC degree will count general ed for 6 credits. Brenda at DCC is working with tribal college Dull Knife to offer courses over ITV. Refer to Quality Map 07.

All merit pays are represented in all CCR&R regions.

We need a flow chart that looks like Candyland - providers are still overwhelmed. 1 step at a time! ECP is reformatting their forms.

The goal is that Merit Pay will be simplified and available on line in 2008. Providers can print training record from ECP website to submit for merit pay.

Possibilities- suggestions:

- once provider enters an EC core program they apply for Higher Ed merit pay once and it will be good for the 2 yr. Program.
- I/T merit pay: everyone who attends gets I/T app to fill out, once course is completed the instructor sends the forms of providers who have completed successfully to ECSB for certification and Merit Pay. Can't get paid until on registry.
- Sandra recommends separate lists for family and group homes and what they have available and steps to follow.

This year Merit Pay 1 - Track 1 & 2- Priority 4 (have received MP in the past) unable to fund. If we have other funds to access we could fund. Need \$29,750 to fund Priority 4.

Apprenticeship report in handout.

CCPG - 8 proposals submitted. 4 were found to be non responsive. 4 are being funded. CCR&R regions represented were: Missoula, Bozeman, and Helena. Proposals funded are: Kid Central Preschool (center) in Missoula, The Children's Place (center) in Bozeman, Denise Rohan-Smith (family) in Missoula, and Stephanie Pitman (group) in Helena.

6 renewals for 3rd year funding - 1 facility did not renew - did not meet the 20% BB Scholarship requirement.

4 renewals for 2nd year funding - 2 facilities chose not to renew - one unable to meet accreditation staffing requirements and one chooses not to be accredited as her community does not value accreditation.

Mini Grants - greatest number of proposals submitted ever for 1st quarter of 2008. 98 applications submitted. 21 awards made for mini grants and 19 awards for I/T mini grants.

Mini grant apps are available for download on the website. Many old apps were submitted this past quarter from Missoula. This has been taken care of.

Hi Ed Grants- 3 renewals UM-Western, Dawson, Flathead

Mentoring - 10 submitted 4 awarded
CCC, Butte 4C's, CCP, and DCC & CCR

Specialized Training - 11 applicants 5 awarded

Many good projects submitted; they need to be intensive comprehensive training.

We want sustainable and on going training, must be embedded in system to be on going.

Quality Maps - 05 & 06 Melody

We need to analyze the differences

What is the miracle going on in Missoula?

Would like to do a Socio economic map to look at regions (like OPI did.)

Missoula is marketing their product CCR&R and QAD build on strengths, partnerships. Work hard to build positive climate. Accessibility and availability.

CCR&R Best Practices; a Leadership Culture; the Network working on Best Practices

Use benchmarks to tie into Quality

Draft for the Enrollment Study Melody

Randy started, Melody picked up and went on. Draft presented- 2004 children enrolled on Nov.1 of 2004.

Very good return rate. Lots of info - will have a complete report for Nov meeting. Oct 19th draft edits due. Directly to Melody. We would like by district and by age. Paragraph added that says other places of care that are not licensed and registered, i.e. EHS and HS's, tribal. This not projected out to 100%, only facilities who reported. Do we want a projection? this only presents 62%. Melody could do. CACFP has an enrollment # not necessarily licensed and registered. Put in one projected map as another check on reality.

Quality Budgets - Chris

Pink 06 fully expended. Obligated for CITC because 18 mo program.

See maps. Grant issued on left and I/T in pink. MOST grants are tracked but come from TANF direct spending.

In Yellow 24,800 remaining in CITC. Paid it forward to 07. Must pay off 06 first. Which we did.

Green 07 total \$1.896 mil. Obligated \$1.9 mil. Expended \$1.1 mil on brink of expending grants that end 9/30/07. Paying out at \$1.8 most likely this is 90% of obligation.

Recommendation that we fund Priority 4 of Merit Pay at \$29,750 which will result in a projected amount \$21,750 pay out.

16 year olds in facilities- no QAD representation at this meeting, unable to discuss without the research QAD had promised in the April meeting

CDA train the trainers- Kelly is not present to discuss her concerns which are of consistency. Here is the recommended curriculum and the observation schedule. This committee fully supports the Great Falls model of non credit CDA training, the need to standardize their approach- Caring for Children model, and Essentials model, the self study and on site models. Standardize # of hrs -this has all been done in Great Falls. Standardization of the noncredit CDA training and curriculum that has been established at Family Connections based on Caring and Essentials models. The committee recommends that other CCR&R's adopt the approach by Family Connections.

Questions for QAD on Infants and Toddlers

1. What do PITC, West Ed, NAEYC, NAFCC, EHS standards, and 0-3 recommend for Infant definition and toddler definition and ratios?
2. Look at group size recommendations from above entities.
3. NCCIC- licensing summarizations. NACCRRRA report look at- How are we doing?.
4. What are the implications in terms of process?

Recommendation that these questions be researched before the Nov meeting and info distributed to committee. Because the Nov meeting format is strictly on quality comprehensive systems, this action item can wait until Jan meeting.

After research -it is recommended that a taskforce be created to include providers.

There was a concern of lowering ratio to national 3 to 1- it is "such hard work and keeping caregivers on" is already challenging now.

Questions for Econ Impact Report

Can the Economic Impact Group Pay attention to I/T issue as they are reviewing surveys. Parents unable to return to workforce because of lack of I/T care? Cost of I/T care and economic impact to this?

Ask to see if draft of enrollment study was sent to this group.

Touchpoints

Doris brought info from Blackfeet trainers to share-handouts. They have 5 trainers, 5 in EHS, 3 in HS. Will expand to child care facilities. More staff is being trained in EHS and HS. Helps with approach with parents.

Note Mary Jane's paragraph.

List of impacts from SKC surveys quotes

Evaluation system from Touchpoints - track all changes in services

Cindy; need to get better at getting data to show what is working -

Touchpoints model does this - coordinating systems and impact on families and children.

Boston conversation: Terry Ann. Growing nationwide, huge demand expand faculty to cover regions. Cost effective and cover geographic areas.

How it would work for MT. MT plan for Touchpoints sheets

ILT - initial training to introduce you to the Touchpoints model.

25 max in 1st TLC plus state coordinator 25 come from 2 communities.

CLT- committee level training where you become certified to become trainer for community.

BTC- Brazelton training community

Go to Harvard Children' Hospital for training with whole faculty

8 members to Boston. 2 state coordinators, plus community members

Cost will be \$55,000 includes all materials + what is listed on MT Plan.

Sandra is a Touchpoints convert because it is community based

Mary Jane - refer to handout that was provided from Mary Jane.

Look at timeline - State coordinator - is it someone from the Bureau?

Shelly-overwhelming, important

Shelly-must have huge community commitment have energy and perspective to carry it through.

Touchpoint recommendation - look at community - what is common need,
In application we need to put what we need from community - collaborators

If RFP process -intent to propose-Conference call with potential applicants
to answer questions - pre proposal conference.

Shelly's Questions - will parent except surrogate role? Answer-Guiding
principles from TP, parent is expert on child. Provider - parents are never
asked to take surrogate role - approach use language of child to talk to
parent.

2. You do spend more time working with parents. No change in ratios gets
providers to become more professional in how they deal with parents.

Chris - \$\$ - could this be merit or mini to cover additional \$\$ for food.
Should we ask for in kind \$ from agencies?

Falls in community and family partnerships - how will this fit into our system
- looking at Quality initiatives- how does it fit into - must be systemic-

Who are we expecting to apply? # of communities attended 05 Brazelton
conf at SKC want to develop TP's; interest in Bozeman, Helena-home visiting
program -Crittenden home, maternal health group, Missoula- W
ORD - huge federal grant -planning to use TP's model - Tammy Adams and
Lucy Marose trained by SKC.

April meeting consensus was made to recommend funding TP's model.

Request cost and timeline and we have done this - see handouts.

Ask Boston if we can hold off until after Nov meeting to commit. Will you
keep the amount that was quoted for cost?

